

Best Practices for Health, Wellness and Employer-Based Care

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Natural History of On-site Health at Intel

- Initial occupational health focus
 - General medical monitoring, specialty exposure-related monitoring
- 20 years of results
 - No occupationally-related differences
 - Biometric and lifestyle risks
- Wellness pilot
 - Biometrics, incentives and coaching program critical to success
- Global Health for Life program
- Arizona on-site medical clinic pilot

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3-Step Wellness Check

1 Biometric Health Check

2 Health Risk Assessment

3 Wellness Coach

Critical Success Indicators

Participation

Goal = 50%

Global = 37%

Satisfaction

Goal = 90%

Global = 94%

Risk Transition

Goal: Maintain or improve risk status

US: improvement reported in persons from high/very-high risk cohorts,

Year 1→3: 75%

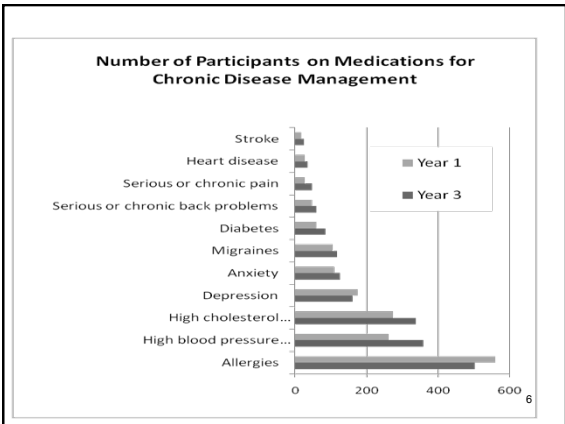
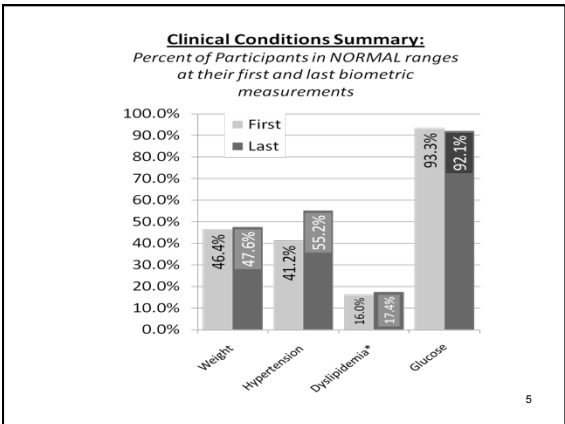
Year 2→3: 11%

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As of June 2009

Stages of Readiness to Change

The charts show the distribution of participants across four stages of readiness: Precontemplation, Contemplation, Preparation, and Action. Campaign A is represented by light grey bars and Campaign B by dark grey bars. Year I and Year II are also compared for Exercise and Tobacco. In all cases, there is a clear shift from Precontemplation to Action over time.

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Health Status and Productivity

- Health Status
 - Risk factor associated with largest productivity loss - Alcohol.
 - Chronic conditions associated with largest productivity loss - Chronic Back, Chronic Pain and Depression.
 - Across-the-board improvements in productivity likely reflect general cultural change.
- Cohort Impact
 - Those that managed Emotional Health risk showed the greatest improvement (\$648-693 per employee).

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America's Clinic Transition Pilot

- Extension of HFL focus
- Integral care
 - General medical care and prevention
 - Occupational health
 - Travel medicine
 - Case management
- Hypothesis: Integration, quality and convenience lead to health and productivity improvement which more than pays for the program.

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